
State of Washington

Behavioral Risk Factor Surveillance System Questionnaire A 2003

Based on CDC v1.5, December 17, 2002

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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Introduction

HELLO, I'm _____ (name) _____ calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. Your phone number has been chosen scientifically, and we'd like to ask some questions about health and safety practices that may affect your health.

Is this _____ (phone number) _____ ? **If "no"** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.
Stop

Is this a private residence in Washington State?
If "no" Thank you very much, but we are only interviewing private residences. **Stop**

We need to scientifically select one adult who lives in your household to be interviewed. In order to make this selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?

Number of Adults _____ (-)

IF NEEDED, SAY: For this study, households are first scientifically selected in the state, and then one adult is selected in each household to be interviewed. It is important to the accuracy of the study that those selected for the study participate, because this is what ensures that the results will represent the state as a whole.

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to "All Respondents."**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "Correct Respondent."**

If more than one, ask "How many of these adults are men and how many are women?"

____ Number of men
____ Number of women

Sum must equal number of adults in household.

[CATI system chooses one adult by random selection process]

The person in your household that I need to speak with is _____. **If "you," go to "All Respondents"**

To correct respondent:

HELLO, I'm (name) calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. You have been chosen scientifically to be interviewed, and we'd like to ask some questions about health and safety practices of Washington residents.

All Respondents:

The interview may be monitored for quality assurance, but all information obtained in this study will be confidential. Some of the questions might not apply to you or your life. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview usually takes between 15 to 20 minutes. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

IF NEEDED:

- If you have any questions about this study, you can call the study director at the Washington State Department of Health, Katrina Simmons. You can call her toll-free at 1-866-871-5405.
- Your phone number will be erased from the data after we finish all the interviews at the end of the year.

If Respondent refuses, ask:

It would *really* help us with future studies to know the reasons why people choose not to participate. Would you be willing to tell me your reasons? **[WHY1]**

- | | |
|----|---------------------|
| 01 | Record comments |
| 98 | Don't know/Not sure |
| 99 | Refused |

<<TIME: Introduction>>

CDC Core Questions

Section 1: Health Status

1.1 Would you say that in general your health is: (73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read these responses

- 7 Don't know / Not sure
- 9 Refused

1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

___ ___ Number of days

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

___ ___ Number of days

- 8 8 None **If Q1.2 also "None," go to Q2.1**
- 7 7 Don't know / Not sure
- 9 9 Refused

1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

___ ___ Number of days

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 2: Health Care Access

2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

(80)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2.2 Do you have one person you think of as your personal doctor or health care provider? **(If "No," ask: "Is there more than one or is there no person who you think of?")**

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

2.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

(82)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 3: Exercise

3.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(83)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 4: Diabetes

- 4.1** Have you ever been told by a doctor that you have diabetes?
(If “Yes” and respondent is female, ask: “*Was this only when you were pregnant?*”)

(84)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

- 4.2** How old were you when you were told you have diabetes? (205-206)

Code age in years [97 = 97 and older]

- 98 Don't know/Not sure
- 99 Refused

- 4.3** Are you now taking insulin? (207)

- 1 Yes
- 2 No
- 9 Refused

- 4.4** Are you now taking diabetes pills? (208)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

- 4.5** About how often do you check your blood for glucose or sugar?
Include times when checked by a family member or friend, but do
not include times when checked by a health professional.

(209-211)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 8 8 8 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

- 4.6** About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (212-214)

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
4 _ _ Times per year
5 5 5 No feet
8 8 8 Never
7 7 7 Don't know/Not sure
9 9 9 Refused

- 4.7** Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (215)

1 Yes
2 No
7 Don't know/Not sure
9 Refused

- 4.8** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (216-217)

_ _ Number of times [76 = 76 or more]
8 8 None
7 7 Don't know/Not sure
9 9 Refused

- 4.9** A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (218-219)
Number of times [76 = 76 or more]

88 None
98 Never heard of hemoglobin "A one C" test
77 Don't know/Not sure
99 Refused

If "no feet" to Q4.6, go to Q4.11

- 4.10** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (220-221)

___ ___ Number of times [**76 = 76 or more**]

- 88 None
- 77 Don't know/Not sure
- 99 Refused

- 4.11** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (222)

Read Only if Necessary

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

- 4.12** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (223)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

- 4.13** Have you ever taken a course or class in how to manage your diabetes yourself? (224)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 5: Hypertension Awareness

- 5.1** Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (85)

(If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

- 5.2** Are you currently taking medicine for your high blood pressure? (86)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Cholesterol Awareness

- 6.1** Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (87)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

- 6.2** About how long has it been since you last had your blood cholesterol checked? (88)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 but less than 2 years ago)
- 3 Within the past 5 years (2 but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

- 6.3** Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 7: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

- 7.1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)
- 1__ __ Per day
 - 2__ __ Per week
 - 3__ __ Per month
 - 4__ __ Per year
 - 5 5 5 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused
- 7.2** Not counting juice, how often do you eat fruit? (93-95)
- 1__ __ Per day
 - 2__ __ Per week
 - 3__ __ Per month
 - 4__ __ Per year
 - 5 5 5 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

7.3 How often do you eat green salad?

(96-98)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

7.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

(99-101)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

7.5 How often do you eat carrots?

(102-104)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

7.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? **(Example: A serving of vegetables at both lunch and dinner would be two servings.)**

(105-107)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 8: Weight Control

8.1 Are you now trying to lose weight? (108)

- 1 Yes **Go to Q8.3**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.2 Are you now trying to maintain your current weight, that is, to keep from gaining weight? (109)

- 1 Yes
- 2 No **Go to Q8.6**
- 7 Don't know / Not sure **Go to Q8.6**
- 9 Refused **Go to Q8.6**

8.3 Are you eating either fewer calories or less fat to... (110)

lose weight? [if "Yes" to Q8.1]

keep from gaining weight? [If "Yes", to Q8.2]

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure
- 9 Refused

8.4 Are you using physical activity or exercise to (111)

lose weight? [If "Yes" to Q8.1]

keep from gaining weight? [If "Yes" to Q8.2]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Q8X6

8.5 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (112)

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

9.2 Do you still have asthma? (114)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 10: Immunization

10.1 During the past 12 months, have you had a flu shot? (115)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.2 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

(116)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

If "No" to Q10.1, continue. Otherwise go to next section.

10.3 What is the main reason you didn't get a flu shot during the past 12 months? **READ ONLY IF RESPONDENT DOESN'T KNOW.**

()

- 1 Didn't know I needed it
- 2 Doctor didn't recommend it
- 3 Didn't think of it / forgot / missed it
- 4 Tried to get a flu shot but no flu shots were available
- 5 Tried to get a flu shot, but my doctor said I didn't need it
- 6 Didn't think it would work
- 7 Don't need a flu shot / not at risk / flu not serious
- 8 Shot could give me the flu / allergic reaction / other health problem
- 9 Doctor recommended against getting the shot / allergic to shot / medical reasons
- 10 Don't like shots or needles / don't want it
- 10 Shot costs too much / expense
- 12 Other [Specify]: _____
- 77 Don't know / Not sure
- 99 Refused

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? **NOTE:**
5 packs = 100 cigarettes

(117)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

11.2 Do you now smoke cigarettes every day, some days, or not at all?
(118)

- 1 Everyday
- 2 Some days
- 7 Not at all **Go to next section**
- 9 Refused **Go to next section**

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
(119)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Alcohol Consumption

12.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
(120-122)

- 1__ __ Days per week
- 2__ __ Days in past 30 days
- 8 8 8 No drinks in past 30 days **Go to next section**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused **Go to next section**

12.2 On the days when you drank, about how many drinks did you drink on the average?
(123-124)

- __ __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?
(125-126)

- __ __ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 13: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

13.1 Have you had a sunburn within the past 12 months? (127)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not Sure **Go to next section**
- 9 Refused **Go to next section**

13.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (128)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 14: Demographics

Q141A

14.1a What is your age? (129-130)

- __ __ Code age in years
- 0 7 Don't know / Not sure
 - 0 9 Refused

Q141B

14.1b In which of these age categories do you belong? ()

- 21 18 to 24
- 30 25 to 34
- 40 35 to 44
- 50 45 to 54
- 60 55 to 65
- 70 65 to 74
- 80 75 or older
- 9 Refused

14.2 Are you Hispanic or Latino?

(131)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**Q14X3,
Q143A -
Q143E**

14.3 Which one or more of the following would you say is your race?
(Check all that apply. May have up to six responses. If more than six, use "Other" and list.)

(132-137)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [Specify: _____]

Do not read these responses

- 8 No Additional choices
- 7 Don't know / Not sure
- 9 Refused

If more than one response to Q14.3, continue. Otherwise, go to Q14.5

14.4 Which one of these groups would you say best represents your race?

(138)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [Specify: _____]
- 7 Don't know / Not sure
- 9 Refused

14.5 Are you?

(139)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, or
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

14.6 How many children less than 18 years of age live in your household?

(140-141)

___ Number of children

8 8 None

9 9 Refused

14.7 What is the highest grade or year of school you completed?

(142)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

14.8 Are you currently? **[Please read:]**

(143)

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired **or**
- 8 Unable to work

Do not read:

- 9 Refused

14.9 What kind of business or industry do you work in? (-)

[Record answer] _____
99 Refused

Q1410

14.10 What is your job title? If no job title, ask "What kind of work do you do?" (-)

[Record answer] _____
88 Owner, Proprietor or Self-employed
99 Refused

Q1411

14.11 Is your annual household income from all sources? **If respondent refuses at ANY income level, code '99 Refused' Read as appropriate:**

(144-145)

04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)

03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)

02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)

01 Less than \$10,000 **If "no," code 02**

05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)

06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)

07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read these responses

77 Don't know / Not sure

99 Refused

Q1412

14.12 About how much do you weigh without shoes?

(146-148)

Round fractions up

___ ___ ___ Weight (*pounds*)
7 7 7 Don't know / Not sure
9 9 9 Refused

Q8X5

14.13 How much would you like to weigh?

(149-151)

___ ___ ___ Weight (*pounds*)
7 7 7 Don't know / Not sure
9 9 9 Refused

Q1413

14.14 About how tall are you without shoes?

(152-154)

Round fractions down

___/___ ___ Height (*ft / inches*)
7 7 7 Don't know / Not sure
9 9 9 Refused

Q1414

14.15 What county do you live in?

(155-157)

001 Adams	027 Grays Harbor	053 Pierce
003 Asotin	029 Island	055 San Juan
005 Benton	031 Jefferson	057 Skagit
007 Chelan	033 King	059 Skamania
009 Clallam	035 Kitsap	061 Snohomish
011 Clark	037 Kittitas	063 Spokane
013 Columbia	039 Klickitat	065 Stevens
015 Cowlitz	041 Lewis	067 Thurston
017 Douglas	043 Lincoln	069 Wahkiakum
019 Ferry	045 Mason	071 Walla Walla
021 Franklin	047 Okanogan	073 Whatcom
023 Garfield	049 Pacific	075 Whitman
025 Grant	051 Pend Oreille	077 Yakima

___ ___ ___ FIPS county code
7 7 7 Don't know/not sure
9 9 9 Refused

Q1421**14.16** What is your ZIP code? IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live. ()

9 9 9 9 9 Don't know/Refused

Q1415**14.17** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

(158)

1 Yes
 2 No **Go to Q14.19**
 7 Don't know / Not sure **Go to Q14.19**
 9 Refused **Go to Q14.19**

Q1416**14.18** How many of these phone numbers are residential numbers?

(159)

____ Residential telephone numbers **[6=6 or more]**
 7 Don't know / Not sure
 9 Refused

Q1417**14.19** During the past 12 months, has your household been without telephone service for 1 week or more? **[Note: Do not include interruptions of phone service due to weather or natural disasters.]**

(160)

1 Yes
 2 No **Go to 14.21**
 7 Don't know/ Not sure **Go to 14.21**
 9 Refused **Go to 14.21**

Q1418**14.20** In the past 12 months, about how many months in total were you without a working home telephone?" (-)

____ Number of months
 6 6 Less than one month
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Q1419

14.21 Indicate sex of respondent. Ask only if necessary.

(161)

- 1 Male **Go to next section**
- 2 Female

If respondent 45 years old or older, go to next section.

Q1420

14.22 To your knowledge, are you now pregnant?

(162)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15 Arthritis

15.1 The next questions refer to your joints. Please do **NOT** include the back or neck. **DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint?

(163)

- 1 Yes
- 2 No **Go to Q15.4**
- 7 Don't Know / Not Sure **Go to Q15.4**
- 9 Refused **Go to Q15.4**

15.2 Did your joint symptoms **FIRST** begin more than 3 months ago?

(164)

- 1 Yes
- 2 No **Go to Q15.4**
- 7 Don't Know / Not Sure **Go to Q15.4**
- 9 Refused **Go to Q15.4**

15.3 Have you **EVER** seen a doctor or other health professional for these joint symptoms?

(165)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

- 15.4** Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (166)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know / Not Sure |
| 9 | Refused |

Interviewer note: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis, spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**IF EITHER Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE.
OTHERWISE, GO TO NEXT SECTION**

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? **NOTE: If a respondent question arises about medication, then the interviewer should reply:** "Please answer the question based on how you are when you are taking any of the medications or treatments you might use." (167)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know / Not Sure |
| 9 | Refused |

IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION

- 15.6** “In this next question we are referring to work for pay. ”Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? **NOTE: If respondent says he/she is retired or out-of-work, reply:** “Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?”

(168)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

If respondent is 45 yrs or older, continue. Otherwise, go to next section.

Section 16: Falls

The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 16.1** In the past 3 months, have you had a fall?

(169)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

- 16.2** Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(170)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 17: Disability

The following questions are about health problems or impairments you may have.

- 17.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

- 17.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Include occasional use or use in certain circumstances.** (172)

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.

Section 18: Physical Activity

- 18.1** When you are at work, which of the following best describes what you do? Would you say . . . ? **[NOTE: If respondent has multiple jobs, include all jobs.]** (173)

Please read:

1 Mostly sitting or standing
2 Mostly walking

or

3 Mostly heavy labor or physically demanding work

Do not read these responses

7 Don't know / Not sure
9 Refused

- 18.2** We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do [if “employed” or self-employed” (Q14.8 = 1 or 2), fill in “when you are not working,”] in a usual week, do you do moderate activities for at least 10 minutes as a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

(174)

- 1 Yes
2 No **Go to Q18.5**
7 Don't know / Not sure **Go to Q18.5**
9 Refused **Go to Q18.5**

- 18.3** How many days per week do you do these moderate activities for at least 10 minutes at a time?

(175-176)

- ___ Days per week
7 7 Don't know / Not sure **Go to Q18.5**
8 8 Do not do any moderate physical activity for at least 10 minutes at a time **Go to Q18.5**
9 9 Refused **Go to Q18.5**

- 18.4** On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(177-179)

- __:__ Hours and minutes per day
7 7 7 Don't know / Not sure
9 9 9 Refused

- 18.5** Now, thinking about the vigorous activities you do [if “employed” or self-employed” (Q14.8 = 1 or 2), fill in “when you are not working,”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(180)

- 1 Yes
 2 No **Go to Next section**
 7 Don't know / Not sure **Go to Next section**
 9 Refused **Go to Next section**

- 18.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(181-182)

- — Days per week
 7 7 Don't know / Not sure **Go to Next section**
 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **Go to Next section**
 9 9 Refused **Go to Next section**

- 18.7** On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(183-185)

- — — Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 19: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

- 19.1** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

(186)

- 1 Yes
 2 No **Go to next section**
 7 Don't know / Not sure **Go to next section**
 9 Refused **Go to next section**

19.2 Which of the following best describes your service in the United States military? **Please read:** (187)

- 1 Currently on active duty **Go to next section**
 - 2 Currently in a National Guard or Reserve unit **Go to next section**
 - 3 Retired from military service
 - 4 Medically discharged from military service
 - 5 Discharged from military service
- Do not read these responses**
- 7 Don't know / Not sure **Go to next section**
 - 9 Refused **Go to next section**

19.3 In the last 12 months have you received some or all of your health care from VA facilities? **[If "yes" probe for "all" or "some" of the health care.]**

(188)

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

If respondent is 65 years old or older, go to next section.

Section 20: HIV / AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

20.3 How important do you think it is for people to know their HIV status by getting tested? Would you say . . .? (191)

Please read:

- 1 Very important
- 2 Somewhat important

Or

- 3 Not at all important

Do not read these responses

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. **[Include saliva tests.]** (192)

- 1 Yes
- 2 No **Go to Q20.8**
- 7 Don't know / Not Sure **Go to Q20.8**
- 9 Refused **Go to Q20.8**

**Q205A
Q205B**

20.5 Not including blood donations, in what month and year was your last HIV test? **[Include saliva tests.]** (193-198)

NOTE: If response is before January 1985, code "Don't know".

____ / ____ Code month and year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

- 20.6** I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?
(199-200)

Please read:

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as a part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read these responses

- 77 Don't know / Not sure
- 99 Refused

- 20.7** Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?
(201-202)

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

20.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (203)

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

20.9 The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes. In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (204)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Washington State Added Questions

Section 21: Childhood Asthma

21.1 Earlier you said there were ____ [CATI fill in number from Q14.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

____ Number of children (**must not be greater than the number of children in the household, Q 14.6**)

- 8 8 None **Go to next section**
- 7 7 Don't know/Not Sure **Go to next section**
- 9 9 Refused **Go to next section**

21.2 [CATI fill in Does this child/How many of these children] still have asthma? [If only one child in Q 21.1 and response is “yes” to Q21.2, code ‘01.’ If response is “no,” code ‘88.’]

___ ___ Number of children (must not be greater than the number of children who ever had asthma, Q 21.1)

8 8 None **Go to next section**

7 7 Don’t know/Not Sure **Go to next section**

9 9 Refused **Go to next section**

Section 22: Food Security

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

I’m going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES OR NEVER true for [CATI insert you/ you and the other members of your household] in the last 12 months.

22.1 The first statement is “The food that [CATI insert I/we] bought just didn’t last, and [CATI insert I/we] didn’t have money to get more.” Was that often, sometimes, or never true for [CATI insert you/your household] in the last 12 months?

1 Often true

2 Sometimes true

3 Never true

Do not read these responses

7 Don’t know/Not sure

9 Refused

22.2 [The next statement is] [CATI insert I / We] couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for [CATI insert you/your household] in the last 12 months?

1 Often true

2 Sometimes true

3 Never true

Do not read these responses

7 Don’t know/Not sure

9 Refused

22.3 In the last 12 months, since **[CATI insert month 12 months ago]** did **[CATI insert you / you or other adults in your household]** ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1 Yes
- 2 No **Go to Q22.5**
- Do not read these responses**
- 7 Don't know/Not sure
- 9 Refused

22.4 How often did this happen – almost every month, some months but not every month, or only in 1 or 2 months?

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months
- Do not read these responses**
- 7 Don't know/Not sure
- 9 Refused

22.5 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1 Yes
- 2 No
- Do not read these responses**
- 7 Don't know/Not sure
- 9 Refused

22.6 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1 Yes
- 2 No
- Do not read these responses**
- 7 Don't know/Not sure
- 9 Refused

Section 23: Unmet Health Care Needs

Earlier, you said that you **[CATI insert:**
“have” if 2.1 = 1 (yes),
“do not have” if 2.1 = 2 (no),
“did not know if you have” if 2.1 = 7 (don’t know)
“didn’t want to tell me if you have” if 2.1 = 9 (refused)]

health insurance.

23.1 In the past 12 months, were you or any adult in your household unable to obtain any type of health care you or they thought was needed?

- 1 Yes
- 2 No
- 7 Don’t know/Not sure
- 9 Refused

23.2 In the past 12 months, did you or any adult in your household experience difficulty or delay in obtaining any type of health care you or they thought was needed?

- 1 Yes
- 2 No
- 7 Don’t know/Not sure
- 9 Refused

If no children in the household (14.6 = 88 or 99), Go to next section

23.3 In the past 12 months, were any children living in your household unable to obtain any type of health care you thought was needed?

- 1 Yes
- 2 No
- 7 Don’t know/Not sure
- 9 Refused

23.4 In the past 12 months, did any children living in your household experience difficulty or delay in obtaining any type of health care you thought was needed?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 24: Orientation

24.1 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or other? Remember, your answers are confidential. **IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Washington. You don't have to answer any question if you don't want to.**

- 1 Heterosexual, that is, straight
 - 2 Homosexual, that is gay or lesbian
 - 3 Bisexual or
 - 4 Other [Specify: _____]
- Do not read these responses**
- 7 Don't know/Not Sure
 - 9 Refused

Section 25: Physical Activity

25.1 The next questions ask about recommendations for physical activity. "Moderate physical activity" is any activity which makes your heart beat faster and makes you breath harder or sweat. Some examples are brisk walking, moving heavy boxes or climbing stairs. Do you know if there are recommendations for how much moderate physical activity people should get to be healthy?

- 1 Yes
- 2 No **Go to Q25.4**
- 7 Don't know / Not Sure **Go to Q25.4**
- 9 Refused **Go to Q25.4**

25.2 At a minimum, what is the recommended number of days a week that a person should do activities like these to be healthy?

01 – 07	Number of days
77	Don't Know/Not Sure
99	Refused

25.3 On those days, how much time is recommended for a person to spend being physically active?

1 __ __	Minutes
2 __ __	Hours
7 7 7	Don't Know/Not Sure
9 9 9	Refused

25.4 These next questions are about taking walks. Examples of walks are strolling through a park, a short walk to the store, or a walk for exercise. In the past 30 days, when you went for a walk, what did you most often walk on? Was it . . . **[INTERVIEWER NOTE: If Respondent says "street," record it as "A road or shoulder."]**

01	The sidewalk
02	A road or shoulder
03	Around an outdoor school track
04	Indoor walking area such as a mall or indoor track
05	An unpaved path
06	A paved path
07	Or some other type of surface [Specify: _____]

Do not read these responses

08	I did not go for a walk
09	I am unable to walk Go to next section
77	Don't know/Not Sure
99	Refused

25.5 If you had a choice, what would you prefer to walk on? **[Read 01-07 if necessary. If respondent says "path," please ask if that would be a paved path or an unpaved path.]**

- 01 The sidewalk
- 02 A road or shoulder
- 03 Around an outdoor school track
- 04 Indoor walking area such as a mall or indoor track
- 05 An unpaved path
- 06 A paved path
- 07 Or some other type of surface [Specify: _____]

Do not read these responses

- 08 I don't like to walk
- 77 Don't know/Not Sure
- 99 Refused

25.6 What is the ONE most important thing that should be changed in your neighborhood that would make you more likely to walk? Would you say. . . **[READ 1-9, SELECT MOST IMPORTANT.]**

- 01 More sidewalks
- 02 Better scenery, flowers and trees
- 03 Lower speed limits
- 04 Better traffic signals or marked crosswalks
- 05 Improved lighting
- 06 Policies to keep dogs from running loose
- 07 Less Traffic
- 08 Other changes related to safety or comfort
or
- 09 Something else? (SPECIFY: _____)

Do not read these responses

- 88 No Changes Needed
- 77 Don't know/Not sure
- 99 Refused

Section 26: Depression

26.1 Earlier, I asked about how often you had days with poor physical or mental health. During the past month have you **OFTEN** been bothered by feeling down, depressed or hopeless?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

26.2 During the past month, have you **OFTEN** been bothered by little interest or pleasure in doing things?

- 1 Yes
- 2 No
- 3 Don't care, not concerned
- 7 Don't know / Not sure
- 9 Refused

If respondent is female and age 50 or older, go to next section.

Section 27: Family Planning

The next few questions have to do with birth control. Your answers are confidential and you don't have to answer all the questions if you don't want to. **[If respondent hesitates in answering any question in this series, repeat "You don't have to answer any question if you don't want to.]"**

27.1 During the past 12 months, with how many people have you had sexual intercourse?

- ___ ___ Number (76 = 76 or more)
- 8 8 None **Go to Q27.8**
- 7 7 Don't know/Not sure
- 9 9 Refused

If respondent is female and answer to Q14.22 ("To your knowledge, are you now pregnant?") is "yes," go to Q27.8

27.2 The last time you had sexual intercourse, did you or your partner use any method of birth control to keep **[if female, insert “you;” if male, insert “her”]** from getting pregnant? Some methods of birth control people use to keep from getting pregnant include not having sex at certain times, the pill, Norplant, shots or Depo-Provera, condoms, diaphragm, foam, IUD, having a tubal ligation (tubes tied), or having a vasectomy. **IF NEEDED: “Partner” means the person you had sex with the last time in the past 12 months.**

- 1 Yes **Go to Q27.6**
- 2 No
- 3 Same sex partner **Go to Q27.8**
- 7 Don't know/Not sure **Go to Q27.8**
- 9 Refused **Go to Q27.8**

27.3 Have you or your partner had a vasectomy, tubal ligation (tubes tied), or are sterile for some other reason? [If “yes,” probe for specific answer. If both are sterile, record respondent's condition.]

- 1 No
- 2 Vasectomy **Go to Q27.7**
- 3 Tubal ligation (tubes tied) **Go to Q27.7**
- 4 Sterile for other reason **Go to Q27.7**
- 7 Don't know / Not Sure
- 9 Refused

27.4 FEMALES: Are you currently trying to get pregnant?
MALES: Is your partner currently pregnant or trying to get pregnant?

- 1 Yes **Go to Q27.8**
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

27.5 You indicated previously that you or your partner did not use a method of birth control the last time you had sexual intercourse. What was the main reason you did not use birth control the last time you had sexual intercourse?

- 1 Specify: _____ **Go to Q27.7**
- 7 Don't know / Not Sure **Go to Q27.7**
- 9 Refused **Go to Q27.7**

- 27.6** What was the primary method you or your partner used to keep [if female, insert “you;” if male insert “her”] from getting pregnant? [Record Respondent’s condition if both have had sterilization procedures.]

Read only if necessary.

- 1 Tubal ligation (tubes tied) (sterilization)
- 2 Vasectomy (sterilization)
- 3 Pill
- 4 Condom
- 5 Foam, jelly, cream
- 6 Diaphragm
- 7 Norplant
- 8 IUD
- 9 Shots (Depo-Provera)
- 10 Withdrawal
- 11 Not having sex at certain times (rhythm)
- 12 Other method (Specify: _____)
- 77 Don’t know / Not Sure
- 99 Refused

- 27.7** During the past 12 months, how much were you protected from getting [if male, insert “your partner(s)”] pregnant by either you or partner(s) using any method of birth control or sterilization when having sex? [IF NEEDED: Sterilization includes being sterile for any reason.]

Please read

- 1 Always protected when having sex in the last 12 months
- 2 Unprotected only **one time** when having sex in the last 12 months
- 3 Unprotected **several times** when having sex in the last 12 months
- 4 Unprotected **many times** when having sex in the last 12 months
- 5 Unprotected **all the time** when having sex in the last 12 months

Do not read these responses

- 7 Don’t know / Not Sure
- 9 Refused

Ask Q27.8-Q27.10 of ALL respondents age 18-49

27.8 Have you ever visited a health care provider for birth control services, such as information, counseling, education, prescriptions or advice? **IF NEEDED: This refers only to a visit for the purpose of birth control.**

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

27.9 When was the last time you visited a health care provider for birth control services? Please tell me what year it was.

- Year
- Don't know / Not Sure
- 9 9 9 9 Refused

27.10 Where did you go the last time you visited a health care provider for birth control services? **Please read.**

- 1 Private doctor or HMO
- 2 Hospital or hospital clinic
- 3 Planned Parenthood
- 4 Family Planning Clinic
- 5 Some other place (Specify: _____)
- Do not read these responses**
- 7 Don't know / Not Sure
- 9 Refused

Section 28: Family Violence

28.1 In the past 12 months, has an intimate partner hit, slapped, shoved, choked, kicked, shaken or otherwise physically hurt you? **IF NEEDED: An intimate partner is a current or former husband, wife, boyfriend, girlfriend or dating partner.**

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

This is sometimes difficult and uncomfortable to talk about. If you or anyone you know is ever in immediate danger, they can call 911 or the

local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline number – if you'd like to write it down – is **1-800-562-6025**. You can also find the number in the telephone book in the **State Government** section under "**Abuse/Assault, Domestic Violence Hotline.**"

Section 29: Adult Survey Transition Questions

AC1

AC1 Finally, may we call you in the future if we do more research on health-related topics? This means we might call you back within the next year, or invite you to some focus groups in your area. Of course, you can always refuse to participate in the future.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

AC2

AC2 May I please have your first name, so that we know who to ask for?
[If needed: If you agree to be contacted again, we will keep your first name and telephone number with your answers for up to one year. They will be removed from the combined data files that are sent to the Department of Health.]

- (record response)
- 9 Refused

Section 29a: Cultural Identity Questions

QB40

29a1 What language is usually spoken in your home?

- 1 English
- 2 Spanish
- 3 Korean
- 4 Vietnamese
- 5 Russian
- 6 Other: specify
- 7 Don't know/Not sure
- 9 Refused

QB41

29a2 I read magazines, listen to radio, or watch TV programs that are mostly about people from my own ethnic group.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know
- 9 Refused

QB42

29a3 I am active in organizations or social groups that include mostly members of my own ethnic group

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know
- 9 Refused

QB43

29a4 I participate in cultural practices of my own group, such as special foods, music, or customs.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know
- 9 Refused

QB44

29a5 I have spent time trying to find out more about my own ethnic group, such as its history, traditions, and customs.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know
- 9 Refused

QB45

29a6 I have a lot of pride in my ethnic group and its accomplishments.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know
- 9 Refused

QB46

29a7 I feel good about my cultural or ethnic background.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know
- 9 Refused

[Continue if adult identified one of the races was American Indian or Alaska Native (Q14.4). Otherwise, go to next section.]

QB47

29a8 Are you an enrolled member of a federally-recognized Native American tribe?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

[Continue if adult responded previously that there are children living in home (14.6 ≠ 88, 99). Otherwise, go to Closing Comment.]

Section 30: Youth Survey Transition Section

AD13

AD13: You said before that there were children living in your home. **[CATI Insert]** Is that child/how many] are twelve to seventeen years old?

- __ Number of children
- 88 None
- 99 Refused

AD14**AD14:** Are you the parent or guardian of **[CATI Insert this child/any of these children]**?

- 1 Yes
- 2 No **Go to Closing Statement**
- 7 Don't know/Not sure **Go to Closing Statement**
- 9 Refused **Go to Closing Statement**

30.1 I would also like to interview one of the children aged 12 to 17 in your home. The interview will take about 15 minutes. We will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products. I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time.

If only one child (AD12=1) and R is the parent or guardian (AD14 = 1), code "yes" (=1) and skip to 30.2 without reading more of this question.

Q43X2

Are you the parent or guardian of the **[If more than one child, CATI make random selection of one child -- youngest, oldest, etc.]** child between age 12 and 17?

- 1 Yes
- 2 No **Go to Q30.3**
- 9 Refused **Go to closing statement**

Q43X1

30.2 May I have your permission to talk to **[CATI insert "your" if only one child age 12-17, or "the youngest," "the oldest," etc. if more than one child 12-17]** child age 12 to 17 about this survey and invite his or her participation?

- 1 Yes **Go to Q30.5**
- 2 No **Go to closing statement**

Q43X3

30.3 May I speak to parent or guardian of the **[If more than one child, refer to child selected in Q30.1.]** child between age 12 and 17?

- 1 Yes **continue. If not available, schedule call-back.**
- 2 No **Go to closing comment**
- 9 Refused **Go to closing comment**

Q43X3

30.4 Introductory paragraph for non-respondent parent or guardian: Hello. I'm _____ calling for the Washington State Department of Health. I am doing a survey of children and their attitudes about tobacco. I would like to interview the **[CATI insert]** year-old child. The interview will take about 15 minutes. I will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products. I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time.

May we have your permission to talk to the **[CATI insert]** year-old child about this survey and invite his or her participation?

- 1 Yes
- 2 No **Go to closing comment**
- 9 Refused **Go to closing comment**

Q43X4

30.5 Is (he)/(she) available?
1 Yes **Say next comment, then go to closing comment**
2 No **Schedule call-back. Then go to closing comment.**

Please ensure that this child has a private place to answer the survey questions, so that (he)/(she) can be honest and open.

Closing Comment

That's my last question. *Thank you very much. Your answers and everyone else's will be combined to give us information that is important for improving public health in our state..* Thank you very much for your time and cooperation.